

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101575,299

FILING DATE

4-12-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6		1				
7			1			
8			1			
9			1			
10			1			
11			1			
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		5	←		←
TOTAL CLAIMS			6			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS			6			